



Improving Effective Social Service Delivery in Cleveland and Beyond: A View from the Frontlines

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Cleveland consistently has the distinction of being one of the poorest cities in the nation¹ and has an overwhelming number of children living in concentrated poverty², while health rankings put Cuyahoga County in the bottom third in the state³. Meeting the needs of our community's poorest and sickest continues to be an incredible challenge. The social service system is meant to address these issues, yet complexity in funding, program structures, eligibility, and reporting requirements have increased as resources have decreased.

Social workers are tasked with caring for the most vulnerable. They provide the human connection between individuals and families in need and the benefits and services designed to help them. The role of social workers in the health and human services field is vast, and may include work in case management, service coordination, patient navigation, behavioral health counseling, community psychiatric supportive treatment, community health work, advocacy, outreach, and more. The professionals doing the actual work of assessing someone's needs, connecting them to appropriate programs, and providing assistance and counseling are contending with increasingly complex, oversaturated social service systems in the face of inadequate supports and low compensation. Urgent strategic action is necessary to propel the social work profession forward and generate meaningful impact.

Complex systems hold us back from meeting overwhelming need.

Social service systems are becoming overly complex, oversaturated, and diverting from the central mission of helping those in need. A dramatic increase in the proportion of social service funding from government has come with significant "strings." Funding and oversight is dispersed among various federal and state agencies, and since many health and social issues are intertwined and occur simultaneously, one child or one older adult may be receiving services paid for by several sources, each with their own program requirements and restrictions. Cobbling together multiple services to address an individual's needs is a challenge.

Social workers and consumers feel the adverse effects of this complexity. Given the size and scope of the social service network in Cuyahoga County, difficulties in navigating the system are inevitable. Individuals and families in need of social services are regularly involved with multiple organizations concurrently, and therefore are often assigned to many different social service workers. High-risk families, already burdened by the stressors of poverty, may become overwhelmed when faced with so many appointments and new faces, and may drop their services all together. In other cases, they may fail to participate to the extent needed to benefit from the program's intended effect. As different programs follow different practice models, clients may be offered varying and contradictory strategies to tackle their many problems, leading to confusion. Furthermore, as programs often require similar intake information upon entry, consumers of social services are often faced with "retelling" their often trauma-laden histories multiple times.

With sequestration, the lingering effects of the government shutdown, and Medicaid expansion, changes in social service programs are coming at a rapid pace. Both social workers and clients are inundated with fluctuating eligibility requirements and shifting program structures. Programs end, are created, or change. Keeping current with these developments is virtually impossible for social workers who are already facing bulging caseloads and productivity requirements. Clients may be directed to numerous programs before landing at the right place, wasting valuable time as they seek the service they need. Comprehensive information for social workers on available services and programs, across the sector, in an up-to-date,

Overloaded Families: A Case Example

The X family is being investigated by Child Protective Services (CPS) due to alleged educational neglect. Family X is comprised of a mother and her two children, a daughter (age 2) and a son (age 7). The family lives on a limited income. Mom works part-time and contends with low literacy and minimal family support. Due to the family's financial situation, they are assigned to an Income Maintenance Worker at Employment and Family Services who is responsible for the delivery of their entitlement benefits (food stamps and Medicaid). As a result of their involvement with CPS, the family is assigned to a social worker. After the initial investigation, the family is informed that their case is being transferred for ongoing services and they will be assigned to a different social worker. Daughter X has a speech delay and, therefore, has an Early Intervention Service Coordinator, as well as a Speech Therapist; both come into the home to provide services. She also participates in an Early Head Start program, where the family is assigned to a Family Support worker (a program requirement). Son X, who has an anxiety disorder, receives school-based mental health services through the behavioral health agency assigned to work with children at his elementary school. His counselor from the previous school year left the agency, so he is assigned to someone new. The new CPS worker assesses the family's needs, and recommends services through the Neighborhood Collaborative, as well as a therapy group for Mom through a program at another behavioral health agency, focused on supporting young single parents. Despite feeling overwhelmed, Mom feels pressure to accept these services in order to appease the CPS worker. Over the course of a short period of time, the family is involved with 10 professionals, each with their own goals and priorities for the family. The social workers have not met or spoken about Family X.

easy to digest format is lacking, and badly needed. Misinformation can have serious consequences

Case managers—often referred to as “brokers” of services and resources—are touted as a solution to navigating through the system. When executed well, this can be the case. However, this success is contingent upon interagency cooperation, shared responsibility, and joint planning among the package of providers identified by the case manager. An increase in the number of providers does not necessarily equate to improved outcomes, and clients should be included in selecting who is involved. Moreover, some individuals with complex needs find themselves assigned to multiple case managers, or service coordinators, through different agencies, all tasked with the same job of assessing needs and coordinating services. Communication among providers is critical and needs to be improved.

Collaboration among social workers and provider agencies is far too uncommon.

As service providers struggle to stay afloat, collaboration suffers. Inadequate coordination and information sharing, especially between public agencies and private nonprofits, results in duplication of efforts on behalf of clients and hinders continuity of care. In the worst cases, social workers are providing interventions in the absence of relevant client information. Multiple providers are necessary to meet overwhelming need, but interagency communication and coordination is critical in a crowded social service market.

The Government Accountability Office estimated the costs of duplication and fragmentation at the federal level in the billions of dollars⁴, and there is a financial cost to similar inefficiencies at the state and local levels as well. There is not a systematic mechanism to prevent double billing, and non-Medicaid funded programs are at particular risk for duplicating services. With service delivery costs higher than ever before, clients, funders, and taxpayers suffer when collaboration fails.

The challenges facing social service systems are not uniform across Ohio.

Every region in Ohio faces the challenge of scarce resources and insufficient services to meet needs. However, rural areas face unique challenges, where fewer specialized services are available and transportation challenges are significant. Fewer charitable and philanthropic resources are targeted to rural areas, and population-based formulas for allocating state and federal funds put rural communities at a further disadvantage.

Compelling analysis completed by the Southern Rural Development Initiative and the National Committee for Responsive Philanthropy found foundation grants to rural areas in the amount of \$100.5 million in 2001 and 2002, only 7 percent of the nearly \$1.3 billion awarded in total for the same period.⁵ More recently, in 2010, foundation funding for health and human services in Cuyahoga County was more than double the charitable and philanthropic dollars in all of Ohio’s rural counties combined for the same year.⁶ Research points to a significant deficit in available resources in mental health treatment, children and family services, and substance abuse intervention programs in rural areas.⁷

On the opposite end of the spectrum, Cleveland's wealth of programs and resources should lend themselves to improved outcomes for those in need. A study by The Center for Community Solutions reported that \$612 million in foundation grants came into Northeast Ohio in 2010, with total human services investments of over \$6 billion, including both private and government contributions.⁸ A 2009 Cleveland *Plain Dealer* article revealed that Cuyahoga County had employed 2,800 social service workers the previous year, at a cost of \$119 million.⁹ However, while many dedicated professionals have made great strides in working to improve the lives of others, poverty and poor health conditions continue to overwhelm the community. Unfortunately, the larger amount of available resources has not necessarily equated to better outcomes.

There may be benefits to the relative lack of complexity in rural social service networks. A Child Welfare League of America article adeptly highlights this dichotomy. The executive director of the Arkansas Sheriff's Boys and Girls Ranches, Mike Cumnock, is quoted as saying, "rural [areas are] much more efficient with what they have." The article continues, "this often means one person wears several hats and may be more able than an urban counterpart to understand how issues connect and interrelate to affect a situation.... A downside to the closeness of rural communities, however, is that because everyone knows everyone else, some people may fear being stigmatized and not seek the help they need."¹⁰ Rural areas typically have fewer providers and resources, but a less complicated, "user-friendly" system for those in need. Metropolitan areas have greater resources, but more complex, impersonal systems.

Several initiatives in Cuyahoga County reflect efforts to bring small town human service delivery to the city. This includes the development of community centers, neighborhood specific programming, and the wraparound school initiative set to begin at several Cleveland schools, supported in part through United Way. Cleveland's Central Promise Neighborhood further represents a place-based approach, through mobilizing neighborhood organizations to uplift the community. Recognizing that accessing centralized locations may be an obstacle for some, Cuyahoga County operates nine Neighborhood Family Service Centers, designed to allow local residents to apply for certain benefits, access community resources, and troubleshoot problems with a case manager near to their homes. Each emphasize community-based service delivery, or bring services to the client, as opposed to forcing clients to access services through a centralized system. This work acknowledges the importance of local, personal, and place-based interventions in improving the lives of our citizens.

The competitive social service market distracts from matching services to needs.

Locally, organizations rely on a small group of funders to support their many programs and services. Many agencies rely on multiple funding streams to stay afloat, few of which provide adequate financial support for administrative costs. As funders narrow their focus for greater impact in priority areas, agencies are forced to create or adapt programming to match grant opportunities and government requests for proposals. Social service organizations increasingly compete with one another, which deters collaboration. In today's era of strained resources,

funding is driving program design, as opposed to developing programming and services to meet client needs and monopolize an organization's strengths.

Furthermore, funders of social service programs often require complex reporting that requires a significant time commitment and can divert resources from client care. Agencies receiving multiple streams of funding are particularly hard-pressed, as they are responsible to submit dissimilar data, on varying reporting schedules, without adequate funding or reimbursement for operating and administrative expenses.

Local funders acknowledge these challenges. Recently, the Cleveland Foundation has convened conversations to examine possibilities for shared measurement among those supporting child-serving agencies. Coalescing around a set of common objectives has potential to bring more consistency in reporting requirements.

Technology can also help. Several parts of the MyComm initiative are using a single case management tool, Efforts to Outcomes (ETO), to track participation so that a child's utilization of services can be tracked over several providers. United Way of Greater Cleveland is also exploring the use of ETO for its education impact area.

Cuyahoga County is in a strong position to pursue the adoption of a common data collection tool throughout the community. A recent survey conducted by The Center for Community Solutions sought to evaluate the technology capacity of local youth serving organizations. Nearly 100 organizations participated. The results suggest that agencies are well-poised to expand their use of technology. Most organizations rate their technology capacity as good or very good, and their staffs' technical savvy as moderate or good. A broad effort to identify community metrics, aligned with a common agenda, and to track outcomes using one software system, could vastly increase collaboration and decrease service and reporting duplication.

Staffing issues continue to trouble the social service field.

The challenges of complexity, competitiveness, and incoordination, contribute to difficulties within the social work profession. Social workers are the heart of all social service organizations. Concerns about employee retention, filling vacancies, and pay disputes, while frequently discussed on the ground level, often do not receive adequate attention in the broader social service community.

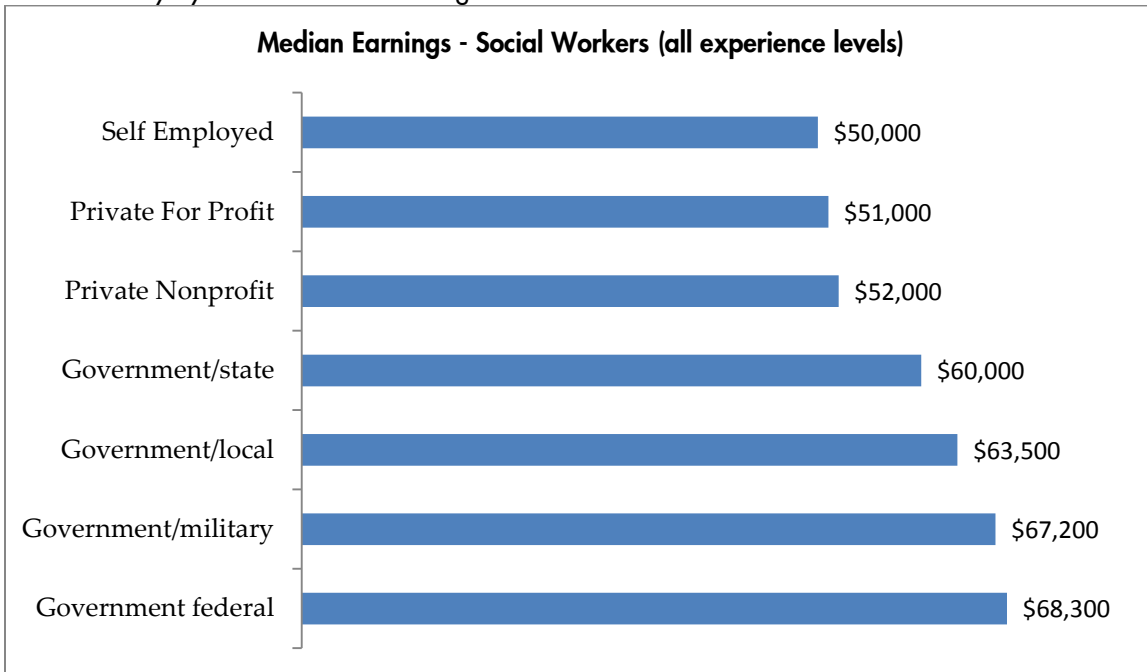
Low wages leave many in the social work field earning below a living wage, and salaries are often not commensurate with experience or education. While Ohio is the third highest state in social worker employment, it is one of the lowest for annual mean wage¹¹, with some degreed social workers at local agencies earning wages as little as \$12 an hour, or about \$25,000 annually. A 2011 survey conducted by the National Council for Community Behavioral Healthcare found that some behavioral health workers earn less than managers of fast food restaurants.¹² This means social workers who are committing their lives to helping others are

struggling to make ends meet for their own families, and may even qualify for some of the programs for which they work.

Compounding the issue is the rising costs of college and subsequent debt, which can lead to a grim financial reality for many social workers. A 2007 survey of social workers reports that over 50 percent of the respondents held student debt between \$10,000 and \$39,000.¹³ The *New York Times* found that social workers fare poorly in educational costs and future earning potential¹⁴. The annual median salary for a social worker with a bachelor's degree is about \$40,000¹⁵, and those with 20 or more years of experience can expect to earn on average \$60,000 per year.

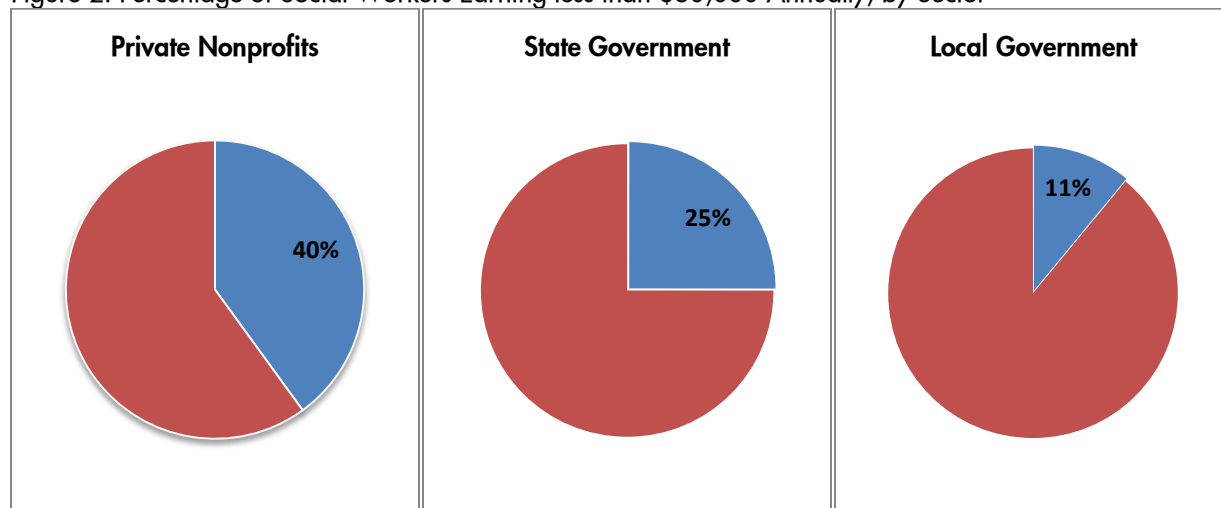
Pay discrepancies persist among public agencies and private service providers. The average median salary for a social worker at a state or local government agency is about 20 percent more than those working for private nonprofits (Figure 1).¹⁶ Child welfare workers can make as much as \$12,000 per year more than individuals working in mental health practice. Another study found that a greater proportion of social workers at private nonprofits earn less than \$30,000 than in the state sector or local government (Figure 2).¹⁷

Figure 1: Base Pay by Sector Median Earnings



Source: NASW Compensation and Benefits Study, 2010

Figure 2: Percentage of Social Workers Earning less than \$30,000 Annually, by Sector



Source: NASW Center for Workforce Studies, 2007. *More Money, Less Money. Factors Associated with the Highest and Lowest Social Work Salaries.*

While wages are higher in the public sector, private sector social work jobs are growing at a rapid pace. State and local government agencies are increasingly contracting out for services, while there is increased need for services predominantly managed in the private realm, such as community mental health and health care services related to an aging population (nursing homes, assisted living facilities, etc.). Additionally, applications for government benefits traditionally have required an in-person meeting with a county social worker. Many of these services are now managed through automated telephone systems or via the Internet. This decreases the need for these positions, and while intended to make it easier on clients, the removal of face-time with a social worker could decrease the quality of services and the ability to accurately identify client needs.

Social work positions are expected to grow faster than the average of occupations; however, prospective job growth is highest for positions overwhelmingly provided by the private sector, such as health care social workers, and those employed in mental health and substance abuse.¹⁸

Retention issues and turnover are detrimental.

Not surprisingly, low-earning workers are more likely to seek new positions than those with considerably higher salaries,¹⁹ and both private and public sectors report considerable issues with retaining staff.²⁰ One source estimates that turnover-related expenses, including training, administrative functions, and recruitment, can cost as much as two-thirds of a worker's annual salary²¹. With the abundance of vacant social work positions in Greater Cleveland, the collective cost of filling these vacancies could be in the billions of dollars.

Frequent staff turnover significantly impacts the quality of services and puts further strain on agency resources. A social worker separating from an agency effects relationship-building with consumers and can adversely impact an agency's culture and burnout rates, as workloads need to be stretched further. Studies have demonstrated that there is a direct relationship between

the amount of time a worker spends with an involved family and improved outcomes for that family.²² In fact, the GAO has reported that, “Our analysis of the 27 available CFSRs (Child and Family Services Reviews) corroborates caseworkers’ experiences showing that staff shortages, high caseloads, and worker turnover were factors impeding progress toward the achievement of federal safety and permanency outcomes.”²³ A study of one Wisconsin county found a relationship between the number of social workers working with a child involved with protective services, and the number of foster placements the child experienced.²⁴ Poor outcomes increase for children subjected to multiple foster care placements.²⁵ In California, it was found that in counties where reports of child abuse were the lowest, turnover and caseloads were also low, and compliance with social work practice standards was high.²⁶

Turnover leads to case reassignment, which could lead to a decrease in oversights or proper monitoring of case status and child wellbeing. High caseloads are consistently reported throughout the field, and this volume contributes to an increase in paperwork and administrative responsibilities, at the expense of face-to-face time serving those in need. Various time studies and surveys suggest social workers spend only about half of their time providing direct services to clients.²⁷ Sufficient, quality time with clients is imperative to effective social service delivery. Turnover also impacts collaboration. Colleagues working together over a period of time lends itself to collaboration; frequent staff disruptions can hinder this important work.

Demands on workers are significant, and increasing.

Certainly, low wages are not the only contributor to high rates of social worker turnover. Burnout and compassion fatigue, or secondary trauma, are all-too-common occupational hazards. In fact, these are often stated as the primary reason staff chose to leave the field²⁸. Many social workers also report inadequate support, training, and recognition from agency supervisors and management to contend with the emotionally taxing nature of the work.

Studies suggest that staff with higher levels of education are more prepared to manage the demands of the work, and are, therefore, less likely to leave²⁹. Turnover is higher among those without social work degrees, or those with only bachelor’s degrees. Some local agencies, including Cuyahoga County Children and Family Services, do not require a social work degree for employment, so many of the organizations’ staff are not licensed social workers. In contrast, several neighboring counties’ child protective services agencies require a Master’s degree in Social Work.

While turnover is detrimental to both the cost and quality of delivering social services, filling vacancies with qualified and committed staff is equally challenging. The human capital required to provide the full range of services to those in need is staggering, and will no doubt only increase as we face an aging demographic. Difficulties remain in attracting high-quality staff to the field. A recent Internet search via the search engine on www.ohiomeansjobs.com yielded 352 results for “Social Worker” related positions within a 20 mile radius of Cleveland. These are primarily positions within the private nonprofit sector, in positions related to

healthcare and behavioral health; a search of the Cuyahoga County Employment site <http://www.cuyahogacounty.us/en-US/employment.aspx> will typically yield only one or two social work positions.

Meanwhile, Cleveland State University awarded only 81 Bachelor's degree and 57 Master's degrees in social work in 2011, and Case Western Reserve University granted its MSSA agree to only 124, according to data collected by the Ohio Board of Regents. Although "brain drain," or graduates leaving the state to pursue work, may be on the decline, invariably a portion of these new social workers leave the Cleveland area.³⁰ The local supply of social workers is not meeting the demand.

Local colleges offer competitive programs designed to train social workers to enter the workforce—in fact, CWRU's Mandel School of Applied Social Sciences ranks ninth in the nation³¹. Why is identifying and retaining staff so problematic for organizations in the area? Where do these new professionals go after graduation? Are new social workers prepared for the realities of community-based practice? Further study is necessary to examine these pressing issues at a local level. How can we, as a community, work to recruit passionate people to work, and stay, in the field, to manage the shortage of workers?

Urgent strategic action is necessary.

Social workers are tasked with caring for our most vulnerable citizens. Their value to the community should not be underestimated, and action should be taken to protect the profession, through decreasing turnover, providing social workers at all sectors with a fair wage, and working to attract high-quality individuals to the field to implement effective interventions. Efforts to support title protection for social workers, educational debt forgiveness and fair repayment standards, as well as initiatives to promote recruitment and retention in the field should be commended.

Decreasing complexity, service duplication, and competitiveness in social services is a complicated charge. If already scant agency resources continue to decline, competition for private grants and county contracts will only increase. Furthermore, as needed income and basic resources continue to be taken from our poorest, struggling families will continue to be forced to seek multiple services to meet their needs in a piecemeal fashion, increasing the number of social workers involved in an individual's life and the likelihood for service duplication. Adequate and appropriate resources to meet the needs of our poor and sick would help to decrease competitiveness and would allow service providers to use their unique strengths to focus on improving the community, as opposed to "chasing dollars" to survive.

Significant time is spent examining and developing complicated mechanisms to collect outcomes, change agency structure, and create multitudes of new programming. However, none of this work has led to significant improvements in the lives of our neediest. Social workers, and all those invested in helping others, should get back to basic tenets of the

profession, and focus on identifying the needs of our clients and finding simple, common sense solutions to meet those needs.

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